·PTO/SBJ06 (08-03)

Approv U.S. Patent and Trademan ed for use through 7/31/2006. OMB 0651-0032 ment Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control num PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE LEE RATE BASIC FEE (37 CFR 1.15(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) x s OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR if the difference in column 1 is less than zero, enter "0" in column 2. TOTAL ΛĐ TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLANAS HIGHEST REMAILING NUMBER PRESENT RATE ADDI-RATE EN ADDI-AFTER PREVIOUSLY EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.15(cf) ENDM Mirrurs OR Independent (37 CFR 1.160)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE 0 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING PRESENT NUMBER RATE ADDI RATE ADDI-AMENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL MENDMEN PAID FOR FEE FEE Total (37 CFR 1.16(cg) Minus OR Independent (37 CFR 1.16(b)) x s OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR: ADD'L FEE (Column 1) (Column 2) (Catuma 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ENT ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1,15(cf) MENDM Minus X S OR Independent (37 CFR 1,160m) Minus OR ₹

 ullet if the entry in column 1 is less than the entry in column 2, write ullet in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

Caral.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Thighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 3S U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer; U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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OR -

TOTAL

ADD'L FEE

Effective October 1, 2000												
CLAIMS AS FILED - PART (Column 1)								MALL E	ишт γ □	OR	OTHER SMALL I	
TOTAL CLAIMS			(7					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			(7 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		0			X40=		OR	X80=	
MUI	TIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
• If 1	th difference	in column 1 is	ess than zero, enter		"0" in column 2		Ļ	TOTAL		OR	TOTAL	7(0
CLAIMS AS AMENDED - PART II										•	OTHER	1
1	1702	(Column 1)	(Colum				1 -	SMALL		OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	. 4	Minus	/				X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
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9	-2-03	(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE		•		
AMENDMENT'B-		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
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<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CEAN		┛┃	+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	36
		(Colu <u>mn 1)</u>		(Colu	mn 2)	(Column 3	<u> </u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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ME	Independent	<u> </u>	Minus	ح •••	3		4	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	<u> </u>	OR	+270=	
	If the entry in colu	ımn 1 is less than	the entry in colu	mn 2, wri	te "0" in co	dumn 3.		TOTAL		OR	TOTAL	
-	'If the "Highest N	umber Previously F umber Previously I	Paid For IN TH	IS SPACE	is less th	an 3, enter "3."		ADDIT. FEE		4	ADDIT. FEE	

Application or Docket Numb r